## Nevada Medicaid and Check Up Program First Health Services SCREENING REQUEST for PEDIATRIC SPECIALTY CARE SERVICES PROVIDER INSTRUCTIONS

In addition to the Nursing Facility Level of Care (LOC) and Service Placement Assessment screening form NMO-3496, which is required prior to admission to a nursing facility, further screening to qualify for either a Pediatric Specialty Care I or II rate is necessary. Facilities should request this screening by completing the Screening Request for Pediatric Specialty Care Services, form NMO-3495. Providers should submit the completed form to the QIO-like vendor, First Health Services Corporation (FHSC), in addition to the completed LOC screening form. Information on the form will describe specialty care nursing services and treatment procedures. This will be used to determine whether the requirements for placement and Pediatric Specialty Care I or II rates have been met.

**INSTRUCTIONS:** Providers may obtain form NMO-3495 on the FHSC web site, <a href="http://nevada.fhsc.com">http://nevada.fhsc.com</a> or the Division of Health Care Financing and Policy's (DHCFP) website at <a href="http://dhcfp.state.nv.us">http://dhcfp.state.nv.us</a>.

- 1. Complete the name of the facility submitting the request.
- 2. Complete resident's name.
- 3. Complete resident's Medicaid number.
- 4. Check the appropriate box for Pediatric Specialty Care I or II.
- 5. Check the appropriate box for Initial Approval or Continuing Approval.
- 6. Complete sections, Nursing Services and Treatment Procedures by checking every box that applies.
- 7. Indicate the resident's discharge potential to a lower level of care or home.
- 8. Provide any additional comments to support medical necessity, i.e., ventilator weaning.
- 9. The facility staff person completing the information form must sign and date the form.
- 10. Submit the completed form to FHSC.

Payment cannot be authorized prior to FHSC receiving both forms. If either form contains inaccurate or incomplete information or is submitted late, the request will not be processed.

## **Required Attachments:**

Submit supporting documentation that is necessary to explain or clarify treatments the individual receives (or is receiving).

If documentation meets the criteria for Pediatric Specialty Care I or Pediatric Specialty Care II, approval shall be granted for a maximum period of six (6) months. Providers will be notified of the determination.